

**AMENDMENTS TO THE CLAIMS:**

This listing of claims will replace all prior versions and listings of claims in the application:

1. (Currently Amended) A computer-implemented method for managing insurance claims, comprising the steps, performed by a computer, of:

receiving data related to an insurance claim via a network;  
determining whether the insurance claim has recovery potential by  
using the received data to compare a value of the insurance claim with a  
threshold amount, wherein the insurance claim is determined to have a  
recovery potential when the value is greater than the threshold amount;

if it is determined that the insurance claim has recovery potential,

providing a characteristic of the insurance claim, and

automatically evaluating the characteristic of the insurance claim;

searching a client database to determine if other claims exist for an insured  
individual associated with the claim, wherein, if it is determined that no  
other claim exists for the insured individual, payment is delayed pending  
investigation; and

establishing a payment decision for the insurance claim based on at least one of  
the received data and the evaluation of the characteristic.

2. (Original) The method of claim 1, wherein the data related to the insurance claim includes at least one of a treatment code, a provider, and a claim value.

3. (Original) The method of claim 1, wherein the providing step further includes:  
determining whether a related insurance claim has been received.
4. (Original) The method of claim 1, wherein the providing step further includes:  
determining whether a worker's compensation claim corresponding to the insurance claim has been accepted.
5. (Original) The method of claim 1, wherein the providing step further includes:  
determining whether first party insurance coverage corresponding to the insurance claim is available.
6. (Cancelled).
7. (Original) The method of claim 1, wherein the determining step further includes:  
applying weights to specified portions of the data related to the insurance claim to obtain weighted values;  
adding the weighted values to obtain a result;  
comparing the result to a likely recovery value; and  
determining that the insurance claim has recovery potential when the result is above the likely recovery value.
8. (Currently Amended) A system for managing insurance claims, comprising:  
a receiving component configured to receive data related to an insurance claim via a network;  
a determining component configured to determine whether the insurance claim has recovery potential by using the received data to compare a

value of the insurance claim with a threshold amount, wherein the insurance claim is determined to have a recovery potential when the value is greater than the threshold amount;

a providing component configured to provide a characteristic of the insurance claim and to automatically evaluate the characteristic, if the determining component determines that the insurance claim has recovery potential;

a searching component for searching a client database to determine if other claims exist for an insured individual associated with the claim, wherein, when it is determined that no other claim exists for the insured individual, payment is delayed pending investigation; and

an establishing component configured to establish a payment decision for the insurance claim based on at least one of the received data and the evaluation of the characteristic.

9. (Original) The system of claim 8, wherein the data related to the insurance claim includes at least one of a treatment code, a provider, and a claim value.

10. (Original) The system of claim 8, wherein the providing component further includes:

a determining component configured to determine whether a related insurance claim has been received.

11. (Original) The system of claim 8, wherein the providing component further includes:

a determining component configured to determine whether a worker's compensation claim corresponding to the insurance claim has been accepted.

12. (Original) The system of claim 8, wherein the providing component further includes:

a determining component configured to determine whether first party insurance coverage corresponding to the insurance claim is available.

13. (Cancelled).

14. (Original) The system of claim 8, wherein the determining component further includes:

an applying component configured to apply weights to specified portions of the data related to the insurance claim to obtain weighted values;

an adding component configured to add the weighted values to obtain a result;

a comparing component configured to compare the result to a likely recovery value; and

a determining component configured to determine that the insurance claim has recovery potential when the result is above the likely recovery value.

15. (Currently Amended) A system for managing insurance claims, comprising:

means for receiving data related to an insurance claim via a network;

means for determining whether the insurance claim has recovery potential

by using the received data to compare a value of the insurance claim

with a threshold amount, wherein the insurance claim is determined to have a recovery potential when the value is greater than the threshold amount;

means for providing a characteristic of the insurance claim, and automatically evaluating the characteristic of the insurance claim, if it is determined that the insurance claim has recovery potential;

means for searching a client database to determine if other claims exist for an insured individual associated with the claim, wherein, when it is determined that no other claim exists for the insured individual, payment is delayed pending investigation; and

means for establishing a payment decision for the insurance claim based on at least one of the received data and the evaluation of the characteristic.

16. (Currently Amended) A computer-usable storage medium having computer-readable code embodied therein for managing insurance claims, the computer-readable code comprising:

a receiving module configured to receive data related to an insurance claim via a network;

a determining module configured to determine whether the insurance claim has recovery potential by using the received data to compare a

value of the insurance claim with a threshold amount, wherein the

insurance claim is determined to have a recovery potential when the value is greater than the threshold amount;

a providing module configured to provide a characteristic of the insurance claim  
and automatically evaluate the characteristic of the insurance claim, if it is  
determined that the insurance claim has recovery potential;  
a searching module configured to search a client database to determine if other  
claims exist for an insured individual associated with the claim, wherein,  
when it is determined that no other claim exists for the insured individual,  
payment is delayed pending investigation; and  
an establishing module configured to establish a payment decision for the  
insurance claim based on at least one of the received data and the  
evaluation of the characteristic.

17. (Currently Amended) A computer-implemented method for auditing insurance  
claims, comprising the steps, performed by a computer, of:

~~selecting~~ determining whether to select an insurance claim for audit, the  
insurance claim including a provider treatment code, based on the  
provider treatment code, data other than the provider treatment code  
associated with the claim, and statistical information from past insurance  
claims;

assigning an auditor to audit the insurance claim;

automatically prompting the auditor to collect data related to the insurance claim  
by displaying a screen comprising:

a first section including description information of the insurance  
claim; and

a second section including a plurality of tabs, wherein one of the tabs is a history tab which, when selected by the auditor, displays information corresponding to medical history of a patient related to the insurance claim;

receiving the collected data from the auditor;

receiving, from the auditor, a selection from among a plurality of guidelines for determining a proposed treatment code;

determining the proposed treatment code based on the collected data using the selected guideline; and

comparing the proposed treatment code to the provider treatment code.

18. (Original) The method of claim 17, further comprising:

adjusting the provider treatment code based on the comparison with the proposed treatment code.

19. (Original) The method of claim 17, further comprising:

generating a request for additional data related to the insurance claim; and

automatically sending the request to a provider.

20. (Original) The method of claim 17, further comprising:

creating a data entry template for the auditor based on at least one of the provider treatment code and the data related to the insurance claim.

21. (Currently Amended) The method of claim 17, wherein determining whether to select the insurance claim ~~the selecting~~ further includes:

comparing the provider treatment code from the insurance claim with a diagnostic code from the insurance claim.

22. (Currently Amended) The method of claim 17, wherein determining whether to select the insurance claim ~~the selecting~~ further includes:

comparing a plurality of treatment codes associated with the insurance claim.

23. (Currently Amended) A system for auditing insurance claims, comprising:

a selecting component configured determine whether to select an insurance claim for audit, the insurance claim including a provider treatment code, based on the provider treatment code, data other than the provider treatment code associated with the claim, and statistical information from past insurance claims;

an assigning component configured to assign an auditor to audit the insurance claim;

a prompting component configured to automatically prompt the auditor to collect data related to the insurance claim by displaying a screen comprising:

a first section including description information of the insurance claim; and

a second section including a plurality of tabs, wherein one of the tabs is a history tab which, when selected by the auditor, displays information corresponding to medical history of a patient related to the insurance claim;

a receiving component configured to receive the collected data from the auditor;



an enabling component configured to receive, from the auditor  
a selection from among a plurality of guidelines for calculating a proposed  
treatment code;  
a determining component configured to determine the proposed treatment code  
based on the collected data using the selected guideline; and  
a comparing component configured to compare the proposed treatment code to  
the provider treatment code.

24. (Original) The method of claim 23, further comprising:

adjusting the provider treatment code based on the comparison with the  
proposed treatment code.

25. (Original) The system of claim 23, further comprising:

a generating component configured to generate a request for additional data  
related to the insurance claim; and  
a sending component configured to automatically send the request to a provider.

26. (Original) The system of claim 23, further comprising:

a creating component configured to create a data entry template for the auditor  
based on at least one of the provider treatment code and the data related to the  
insurance claim.

27. (Original) The system of claim 23, wherein the selecting component further  
includes:

a comparing component configured to compare the provider treatment code from the insurance claim with a diagnostic code from the insurance claim.

28. (Original) The system of claim 23, wherein the selecting component further includes:

a comparing component configured to compare a plurality of treatment codes associated with the insurance claim.

29. (Currently Amended) A system for auditing insurance claims, comprising:

means for ~~selecting~~ determining whether to select an insurance claim for audit, the insurance claim including a provider treatment code, based on the provider treatment code, data other than the provider treatment code associated with the claim, and statistical information from past insurance claims;

means for assigning an auditor to audit the insurance claim;

means for automatically prompting the auditor to collect data related to the insurance claim by displaying a screen comprising:

a first section including description information of the insurance claim; and

a second section including a plurality of tabs, wherein one of the tabs is a history tab which, when selected by the auditor, displays information corresponding to medical history of a patient related to the insurance claim;

means for receiving the collected data from the auditor;

means for receiving, from the auditor a selection from among a plurality of guidelines for determining a proposed treatment code;  
means for determining the proposed treatment code based on the collected data using the selected guideline; and  
means for comparing the proposed treatment code to the provider treatment code.

30. (Currently Amended) A computer-usable storage medium having computer-readable code embodied therein for auditing insurance claims, the computer-readable code comprising:

a selecting module configured determine whether to select an insurance claim for audit, the insurance claim including a provider treatment code, based on the provider treatment code, data other than the provider treatment code associated with the claim, and statistical information from past insurance claims;

an assigning module configured to assign an auditor to audit the insurance claim;

a prompting module configured to automatically prompt the auditor to collect data related to the insurance claim by displaying a screen comprising:

a first section including description information of the insurance claim; and

a second section including a plurality of tabs, wherein one of the tabs is a history tab which, when selected by the auditor,

displays information corresponding to medical history of a patient related to the insurance claim;

a receiving module configured to receive the collected data from the auditor;

an enabling module configured to receive, from the auditor a selection from among a plurality of guidelines for determining a proposed treatment code;

a determining module configured to determine the proposed treatment code based on the collected data; and

a comparing module configured to compare the proposed treatment code to the provider treatment code.

31. (Currently Amended) A computer-implemented method for managing litigation related to an insurance claim, comprising the steps, performed by a computer, of:
- receiving data about an insurance claim;
- automatically assigning the insurance claim to a litigation administrator when a litigation criteria is met by the received data;
- automatically establishing a budget for the litigation administrator based on the received data;
- providing a user interface for an auditor to determine at least one of the assigned litigation administrator, the established budget, and a status of the litigation, wherein the user interface displays a screen comprising:
- a first section including description information of the insurance claim;

a second section including referral information to receive, from  
the litigation administrator, a selection of an attorney to  
manage the litigation; and  
a third section including a list of tasks associated with the insurance  
claim and status of completion of the tasks; and  
automatically generating a task for the litigation administrator based on the  
received data.

32. (Original) The method of claim 31, wherein the litigation administrator is an attorney.

33. (Original) The method of claim 31, further comprising:  
receiving a legal question from the auditor;  
automatically determining a response to the legal question by querying a legal  
database; and  
providing the response to the auditor.

34. (Original) The method of claim 32, further comprising:  
prompting the auditor to take action when the task has not been completed by  
the litigation administrator.

35. (Original) The method of claim 31, wherein the assigning further includes:  
selecting the litigation administrator based on the data about the insurance claim.

36. (Original) The method of claim 35, wherein the data about the insurance claim  
includes a jurisdiction.

37. (Previously Presented) The method of claim 35, wherein the data about the insurance claim includes a type of the insurance claim.

38. (Currently Amended) A system for managing litigation related to an insurance claim, comprising:

- a receiving component configured to receive data about an insurance claim;

- an assigning component configured to automatically assign the insurance claim to a litigation administrator when a litigation criteria is met by the received data;

- an establishing component configured to automatically establish a budget for the litigation administrator based on the received data;

- a providing component configured to provide a user interface for an auditor to determine at least one of the assigned litigation administrator, the established budget, and a status of the litigation, wherein the user interface displays a screen comprising:

- a first section including description information of the insurance claim;

- a second section including referral information to receive, from the litigation administrator, a selection of an attorney to manage the litigation; and

- a third section including a list of tasks associated with the insurance claim and status of completion of the tasks; and

a generating component configured to automatically generate a task for the litigation administrator based on the received data.

39. (Original) The system of claim 38, wherein the litigation administrator is an attorney.

40. (Original) The system of claim 38, further comprising:

a receiving component configured to receive a legal question from the auditor;  
a determining component configured to automatically determine a response to the legal question by querying a legal database; and  
a providing component configured to provide the response to the auditor.

41. (Original) The system of claim 39, further comprising:

a prompting component configured to prompt the auditor to take action when the task has not been completed by the litigation administrator.

42. (Original) The system of claim 38, wherein the assigning component further includes:

a selecting component configured to select the litigation administrator based on the data about the insurance claim.

43. (Original) The system of 42, wherein the data about the insurance claim includes a jurisdiction.

44. (Original) The system of claim 42, wherein the data about the insurance claim includes an area of expertise.

45. (Currently Amended) A system for managing litigation related to an insurance claim, comprising:

- means for receiving data about an insurance claim;
- means for automatically assigning the insurance claim to a litigation administrator when a litigation criteria is met by the received data;
- means for automatically establishing a budget for the litigation administrator based on the received data;
- means for providing a user interface for an auditor to determine at least one of the assigned litigation administrator, the established budget, and a status of the litigation, wherein the user interface displays a screen comprising:
  - a first section including description information of the insurance claim;
  - a second section including referral information to receive, from the litigation administrator, a selection of an attorney to manage the litigation; and
  - a third section including a list of tasks associated with the insurance claim and status of completion of the tasks; and
- means for automatically generating a task for the litigation administrator based on the received data.

46. (Currently Amended) A computer-usable storage medium having computer-readable code embodied therein for managing litigation related to an insurance claim, the computer-readable code comprising:



a receiving module configured to receive data about an insurance claim;  
an assigning module configured to automatically assign the insurance claim to a  
litigation administrator when a litigation criteria is met by the received data;  
an establishing module configured to automatically establish a budget for the  
litigation administrator based on the received data;  
a providing module configured to provide a user interface for an auditor to  
determine at least one of the assigned litigation administrator, the  
established budget, and a status of the litigation, wherein the user  
interface displays a screen comprising:  
a first section including description information of the insurance  
claim;  
a second section including referral information to receive, from  
the litigation administrator, a selection of an attorney to  
manage the litigation; and  
a third section including a list of tasks associated with the insurance  
claim and status of completion of the tasks; and  
a generating module configured to automatically generate a task for the litigation  
administrator based on the received data.

47. (Currently Amended) A computer-implemented method of managing fees for the  
recovery of costs related to insurance claims, comprising:

paying costs to an insured in response to an insurance claim filed by the insured,  
wherein the costs are paid by an insurance company;

determining a party responsible for the costs, wherein the party is different from the insurance company;

storing an agreement between a collector and the insurance company in a database, wherein the agreement is based on collection of the costs from the party;

receiving data about a recovery ~~related to~~ of a portion of the costs paid by the insurance company for corresponding to the insurance claim filed by the insured, the data including at least an amount recovered from the party and by the collector;

determining taxes due on the amount of the costs paid by the insurance company recovered; and

calculating a fee due to the collector based on at least one of the amount of the costs paid by the insurance company recovered and a fee schedule specified in the agreement.

48. (Previously Presented) The method of claim 47, further comprising:

automatically sending the recovered amount, less the taxes and the calculated fee, to the insurance company.

49. (Original) The method of claim 47, wherein the determining further includes:

determining a jurisdiction corresponding to the insurance claim; and

automatically retrieving a tax calculation template for the jurisdiction from a database.

50. (Original) The method of claim 47, wherein a plurality of agreements in the database correspond to the insurance claim, further comprising:

retrieving a precedence rule corresponding to the insurance claim from a database; and

automatically selecting among the plurality of agreements using the precedence rule.

51. (Original) The method of claim 50, further comprising:

calculating the fee using a fee schedule from a selected one of the plurality of agreements.

52. (Currently Amended) A system of managing fees for the recovery of costs related to insurance claims, comprising:

a payment component configured to pay costs to an insured in response to an insurance claim filed by the insured, wherein the costs are paid by an insurance company;

a determination component configured to determine a party responsible for the costs, wherein the party is different from the insurance company;

a storing component configured to store an agreement between a collector and the insurance company in a database, wherein the agreement is based on

collection of the costs from the party;

a receiving component configured to receive data about a recovery ~~related to~~ of a portion of the costs paid by the insurance company for corresponding to

the insurance claim filed by the insured, the data including at least an amount recovered from the party and by the collector;  
a determining component configured to determine taxes due on the amount of the costs paid by the insurance company recovered; and  
a calculating component configured to calculate a fee due to the collector based on at least one of the amount of the costs paid by the insurance company recovered and a fee schedule specified in the agreement.

53. (Previously Presented) The system of claim 52, further comprising:

a sending component configured to automatically send the recovered amount, less the taxes and the calculated fee, to the insurance company.

54. (Original) The system of claim 52, wherein the determining component further includes:

a determining component configured to determine a jurisdiction corresponding to the insurance claim; and

a retrieving component configured to automatically retrieve a tax calculation template for the jurisdiction from a database.

55. (Original) The system of claim 52, wherein a plurality of agreements in the database correspond to the insurance claim, further comprising:

a retrieving component configured to retrieve a precedence rule corresponding to the insurance claim from a database; and

a selecting component configured to automatically select among the plurality of agreements using the precedence rule.

56. (Original) The system of claim 55, further comprising:

a calculating component configured to calculate the fee using a fee schedule from a selected one of the plurality of agreements.

57. (Currently Amended) A system of managing fees for the recovery of costs related to insurance claims, comprising:

means for paying costs to an insured in response to an insurance claim filed by

the insured, wherein the costs are paid by an insurance company;

means for determining a party responsible for the costs, wherein the party is

different from the insurance company;

means for storing an agreement between a collector and the insurance in

a database, wherein the

agreement is based on collection of the costs from the

party;

means for receiving data about a recovery ~~related to~~ of a portion of the costs paid

by the insurance company for corresponding to the insurance claim filed

by the insured, the data including at least an amount recovered from the

party and by the collector;

means for determining taxes due on the amount of the costs paid by the

insurance company recovered; and

means for calculating a fee due to the collector based on at least one of the amount of the costs paid by the insurance company recovered and a fee schedule specified in the agreement.

58. (Currently Amended) A computer-usable storage medium having computer-readable code embodied therein for managing fees for the recovery of costs related to insurance claims, the computer-readable code comprising:

- a payment module configured to pay costs to an insured in response to an insurance claim filed by the insured, wherein the costs are paid by an insurance company;
- a determination module configured to determine a party responsible for the costs, wherein the party is different from the insurance company;
- a storing module configured to store an agreement between a collector and a the insurance company in a database, wherein the agreement is based on collection of the costs from the party;
- a receiving module configured to receive data about a recovery ~~related to~~ of a portion of the costs paid by the insurance company for corresponding to the insurance claim filed by the insured, the data including at least an amount recovered from the party and by the collector;
- a determining module configured to determine taxes due on the amount of the costs paid by the insurance company recovered; and

a calculating module configured to calculate a fee due to the collector based on  
at least one of the amount of the costs paid by the insurance company  
recovered and a fee schedule specified in the agreement.